



State of Wisconsin Higher Educational Aids Board

Tony Evers
Governor

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2018-2019 DUAL ENROLLMENT CREDENTIAL GRANT APPLICATION

I, _____, acting on the behalf of _____,
(Please Print Name) (Please Print School District or School Name if a charter or private school)

request an allocation as provided by Wisconsin Statute 39.51 Dual Enrollment Credential Grant for the 2018-2019 academic year.

In applying for this grant, I understand and agree to the following terms and requirements:

Terms of the Grant

1. Grants shall be awarded to authorized school districts, charter schools and private schools to support dual enrollment programs taught in high schools.
2. Grants awarded are to be utilized for assisting high school teachers in covering tuition expenses for courses taken to meet the minimal qualifications necessary to teach dual enrollment courses.
3. At application, each teacher to be disbursed must be listed along with credits taken or proposed to be taken.
4. Following the school year in which the school district or school (if private or charter school) receives the grant, a report is required to be submitted to the Higher Educational Aids Board (HEAB) by the school district, charter, or private school with all the following information:
 - a. The name of each high school teacher who received financial assistance funded by the grant;
 - b. The number of credits completed by each teacher funded by the grant;
 - c. The number of teachers funded by the grant who are minimally qualified to teach dual enrollment courses.
5. Any unutilized funds are to be returned with the filing of the annual report.
6. No new applications for funds for following years will be accepted if the previous year's annual report is not submitted to HEAB.
7. If the amount of the grant request exceeds the amount of available funding, the funding will be divided among the applicants.

Dual Enrollment Credits Defined

1. A successful applicant school district, or school applicant (if private or charter school) will be reimbursed toward coursework completed by the listed teachers for the corresponding school year. HEAB reserves the right to prorate available funding.
2. The amount of reimbursement will be based upon the number of credits completed or proposed to be completed within the timeframe of the grant.
3. The maximum amount of reimbursement per credit is defined as no larger than one-half the lowest average tuition cost of a 3-credit graduate course as provided by both UW System and Wisconsin Association for Independent Colleges and Universities. HEAB may prorate available funds.
4. Only coursework taken in Summer 2018 to through Spring 2019 will be considered for awarding purposes. On page 2 list the number of credits taken or proposed to be taken within the valid timeframe by teacher.

Timeline of the Grant

1. Applications are due by February 28th, 2019.
2. Awards to successful applicants will be notified and mailed in May 2019.
3. Applications for 2019-20 will be made available January 2020.
4. Applications for 2019-20 will be due at the end of February 2020.
5. Reports for previous year are due in the window of the next year's application. If the previous year report is not filed, no new awarding will occur.

I have read and understand the Terms of the Grant, the Dual Enrollment Credits Defined and the Timeline of the Grant:

_____ (School District, Charter school or Private school agent initials)

I accept the grant on behalf of the school district, charter school or private school listed below under these conditions, responsibilities, and rights, and so signify the application with my signature. I have also retained a signed copy of this agreement form for institutions records.

Name of institution: _____

Permanent Address: _____
Street Address City State Zip Code

PO Box: _____

Name of authorized institutional signatory: _____

Title of signatory: _____

Signature: _____ Date: _____



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2018-2019 DUAL ENROLLMENT CREDENTIAL GRANT TEACHERS FUNDED BY GRANT

An authorized agent of the school district or school (if private or charter school) is to complete the following information to apply for the Dual Enrollment Grant. Missing or incomplete information will delay this process and may disqualify the applicant school district or school from grant approval.

Institution:	
Address:	Zip Code:

Institution Type: <input type="checkbox"/> School District - Indicate Number of Pupils in District: _____ <input type="checkbox"/> Private School <input type="checkbox"/> Charter School

Name of Certifying Official:	
Title of Certifying Official:	Phone:
Signature:	Date:

Complete the form below for each teacher who has taken or will take credits towards dual enrollment from summer 2018 to spring 2019.

Name of High School Teacher (Last, First)	Number of Credits Summer 2018 - Spring 2019	Mark if teacher is already qualified to teach dual enrollment classes
		<input type="checkbox"/>
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